Holy Family Memorial
Sponsored by the Franciscan Sisters of Christian Charity

Tomorrow's Healthcare Professional Scholarship Application

GENERAL INFORMATION

Name _____
Last First Middle

Current Address _____
Street City/State/Zip

Phone _____ Social Security # _____

Email Address: _____

Emergency Contact _____ Phone _____

Address _____
Street City/State/Zip

EDUCATION

School Presently Attending _____

Major _____ Expected Date of Graduation _____

Extracurricular Activities _____

FUTURE EDUCATION

School	Name & Address of School	Course of Study
Tech College		
College		

Anticipated Annual Costs: Tuition $ _____ Fees $_____ Books $ _____ Room $ _____ Board $_____ Total $_____

If you are awarded an HFM scholarship, the entire amount will be sent directly to your school. Please provide the address of the Bursar's office:

_____
Name Street City/State/Zip

VOLUNTEER EXPERIENCE (Please list any volunteer experiences – ie. Church, school, 4-H, Humane Society, etc.)

_____

Holy Family Memorial Volunteer Experience: _____

IMPORTANT INFORMATION TO THE APPLICANT

Holy Family Memorial's Tomorrow's Health Professional Scholarship is awarded without regard to age, race, religion, creed, color, handicap (disability), marital status, sex, national origin, ancestry, sexual orientation, military reserve status or any other unlawful basis.

I certify that the information provided is complete to the best of my knowledge. Falsification of information will result in the scholarship becoming immediately due and payable in full to Holy Family Memorial.

SIGNATURE OF APPLICANT _____ **DATE** _____

Include with this application: ☐ 3 letters of reference ☐ Most current grade transcript ☐ One page essay to include goals, career objectives, and aspirations